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CSC - WILMINGTON 251.Little Falls Drive Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Erika Zavala Daza erika.zavaladaza@cscglobal.com

Date: January 14, 2021

Order#: 614044-022

Re: THE BAR PLAN MUTUAL INSURANCE COMPANY

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$35.

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX Please return evidence to the following:

Attn: Erika Zavala Daza c/o Corporation Service Company 251 Little Falls Drive Wilmington, DE 19808

XX Return envelope is also enclosed for your convenience.

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

QUCA.XCOA

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

in ord	er to change its registered office (on organized under the laws of the State of MO or registered agent, or both, in the State of Florida	
1. The name of2. The principal	the corporation: THE BAR PLAN office address: 1717 HIDDEN C	MUTUAL INSURANCE COMPANY REEK COURT, ST LOUIS, MO 63131	
3. The mailing a	address (if different):		
4. Date of incor	poration/qualification: 05/31/200	Document number: F0000000313	5
5. The name an		istered agent and registered office on file with the	
	C T CORPORATION SYSTEM	И	
	1200 SOUTH PINE ISLAND ROAD		
	PLANTATION, FL 33324		1000 1000
6. The name and (if changed):		ered agent (if changed) and /or registered office	AN 20
	Corporation Service Company	,	9:
	1201 Hays Street	FI TATE	9: 30
		P _i O Box NOT acceptable	
	Tallahassee	FL 32301	
The street address changed will	ess of its registered office and the identical.	ne street address of the business office of its regis	stered agent.
Such change was authorized by the	as authorized by resolution duly ne board, or the corporation has	adopted by its board of directors or by an office been notified in writing of the change.	г ѕо
Kimberly Edgar, Vice Pre		Kimberly Edgar, Vice President	
I hereby accept I further agree of my duties, an document is bei corporation has	the appointment as registered a to comply with the provisions of all I am familiar with and accepting filed merely to reflect a chans been notified in writing of this a Service Company	Printed or typed name and title agent and agree to act in this capacity. I all statutes relative to the proper and complete the obligation of my position as registered agent the registered office address. I hereby conjugation of my position as registered office address. I hereby conjugation of the registered office address.	performance u. Or, if this firm that the
By: Dioc. &			
Sig	nature of Registered Agent	Date	
If signing on be	half of an entity:		
Grace E. Kirby,	Asst. Vice President	_	
T	yped or Printed Name		

* * * FILING FEE: \$35.00 * * *

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Corporation Service Company 1201 Hays Street P.O. Boy NOT acceptable Tallahassee FL 32301 The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical. Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change. Kimberly Edgar, Vice President Signature of another or director Printed or typed name and title I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address. Thereby confirm that the corporation has been notified in writing of this change. Corporation Service Company By: **Tree** Table** Office another Date If signing on behalf of an entity: Grace E. Kirby, Asst. Vice President	statement of ch	ange is submitted for a corporation o	.0502, 607.1508, or 617.1508, Florida rganized under the laws of the State of egistered agent, or both, in the State of i	MO		
4. Date of incorporation/qualification: 05/31/2000	1. The name of	the corporation: THE BAR PLAN MU	JTUAL INSURANCE COMPANY			
4. Date of incorporation/qualification: 05/31/2000	3. The mailing	address (if different):				
Florida Department of State: (If resigned, enter resigned) C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 6. The name and street address of the new registered agent (if changed) and for registered office of (if changed): Corporation Service Company 1201 Hays Street P.O. Box NOT acceptable Tallahassee FL 32301 The street address of its registered office and the street address of the business office of its registered agent as changed will be identical. Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change. Kimberly Edgar, Vice President Signature of artiflier or director I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duries, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address. Thereby confirm that the Corporation has been notified in writing of this change. Corporation Service Company By: **Discount** Signature of Registered Agen** Date If signing on behalf of an entity: Grace E. Kirby, Asst. Vice President	4. Date of incor	poration/qualification: 05/31/2000	Document number: F00000	003135		
1200 SOUTH PINE ISLAND ROAD 150 SEP 150			_	ith the		
Corporation Service Company 1201 Hays Street P.O. Box NOT acceptable Tallahassee FL 32301 The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical. Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change. Kimberly Edgar, Vice President Sugnature of any officer or director Printed or typed name and title I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change. Corporation Service Company By: Yarasa Carlot Sugnature of Registered Agent If signing on behalf of an entity: Grace E. Kirby, Asst. Vice President		C T CORPORATION SYSTEM		_		
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Signature of air officer or director I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address. Thereby confirm that the corporation has been notified in writing of this change. Corporation Service Company By: State Company By: Ol/13/2021 Signature of Registered Agent Thereby accept the appointment as registered agent and agree to act in this capacity. I hereby accept the appointment as registered agent and agree to act in this capacity. I hereby accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address. Thereby confirm that the corporation has been notified in writing of this change. Corporation Service Company By: State Company By: Ol/13/2021 Signature of Registered Agent Thereby accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address. Thereby confirm that the corporation has been notified in writing of this change. Corporation Service Company By: Ol/13/2021 Signature of Registered Agent Date Grace E. Kirby, Asst. Vice President		Madda Char	Kimberly Edgar, Vice President			
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Grace E. Kirby, Asst. Vice President			Date			
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Typed or Printed Name * * * FTI INC: FFF: \$35.00 * * *	T.	•				

Make CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314